

**MEETING SUMMARY**  
**MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE**  
**August 13, 2008**

Members Present: Robin Hammond, Kim Dude, Cheryl Gardine, Marilyn Gibson, Clif Johnson, Sylvia Persky, Crystal Robinson, Daphne Walker-Thoth, Charles Megerman, Becky Ehlers, Diana Harris, Linda Scott, and Mike Carter

Members Absent: Stephen Doherty, John Harper, Sandra Hentges, Michael Dean, Mary Beth Reinkemeyer, Eleanor Ward, and Keith Spare

Division/Department Staff: Mark Stringer, Barbara Keehn, Scott Breedlove, Bianca Arrington-Madison, Debbie McBaine, Terry Morris, Edwin Cooper, Athea Ziehmer, Kristi Scoville, and Joe Davidson

Guests: Connie Berhorst, Brenda Schell, and Denise Carter

<p><b>Call To Order</b></p>	<p>Robin Hammond, SAC Chair, called the meeting to order and introductions were made. Minutes from the June meeting were reviewed.</p> <p>Sylvia Persky moved that the minutes be approved with one correction. Crystal Robinson seconded the motion, which passed.</p> <p>The Council welcomed Michael Carter back as a member.</p>	
<p><b>ADA Division Report</b></p>	<p><b>Division Director's Report</b> – Mark Stringer reviewed the latest draft of the Department's proposed budget items for FY 2010.</p> <p>Core:</p> <ul style="list-style-type: none"> <li>• This is the approved operating budget</li> </ul> <p>Mandatories:</p> <ul style="list-style-type: none"> <li>• Caseload Growth – This decision item requests funding to support two components of caseload growth: MO HealthNet Caseload Growth and Services for MO HealthNet eligibles.</li> <li>• MO HealthNet Match Adjustment – The Federal share of the blended Federal Financial Participation (FFP) rate will increase in FY 2010 from 63.00% to 63.72%; thereby decreasing the State's share from 37.00% to 36.28%. As a result, DMH is requesting additional federal authority so adequate authority for the MO HealthNet payment is available. Also, as a result of the increase in the Federal share, corresponding General Revenue, Health Initiatives Fund (HIF), Healthy Families Trust Fund (HFT), and Mental Health Local Tax Match Fund (MHLTMF) amounts are reduced in core funding.</li> <li>• Increased Medication Cost – This item requests funding for medication and medication-related services for persons who could not otherwise afford it. This will allow for a 10% inflationary increase, fund medically necessary medications prescribed by a physician for the</li> </ul>	

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	<p>treatment of alcoholism and other substance use disorders in addition to psychotropic medications for the treatment of co-occurring mental illness, and cover the 5% annual renewal increase for contracted pharmacy services.</p> <p>Infrastructure Support:</p> <ul style="list-style-type: none"> <li>• Community Provider Inflationary Increase – This item requests funding for a 4% increase for community treatment and prevention providers to keep pace with inflationary pressures and state salary increases plus an additional 1% inflationary increase to assist with rising fuel and utility bills.</li> <li>• Replacement of Organized Healthcare Delivery System Earnings Cost-to-Continue – Due to a change in the Federal regulations, DMH core community program funding is being reduced. Funding is needed to avoid a reduction in community services. These earnings were identified to replace GR core reductions in past fiscal years.</li> </ul> <p>New Decision Items – Departmentwide:</p> <ul style="list-style-type: none"> <li>• Supported Employment Opportunities – This item will fund a systematic method of assisting people served by the Department to find and keep competitive employment within their communities.</li> <li>• Veterans Initiative – This item will fund a Federal per diem grant targeting homeless male and female veterans in the Kansas City and Southeast regions. The second component of this item is to provide mental health services to families who cannot otherwise afford it.</li> </ul> <p>New Decision Items – Division of ADA:</p> <ul style="list-style-type: none"> <li>• Diverting Children from Out-of-Home Placement – This item will support collaboration between ADA and the Children’s Division to create immediate alternatives to out-of-home placement of children in abuse/neglect situations where alcoholism or drug abuse are major factors. It will enable all women’s CSTAR programs to partner with local Children’s Division offices to implement the SAFERR model for family engagement, retention, and recovery.</li> <li>• Add One Women’s CSTAR Program – This item will establish another specialized CSTAR program for pregnant women and women with children in Missouri.</li> <li>• Access to Recovery – This item will fund substance abuse recovery support services that were created under the Federal Access to Recovery (ATR) grant program.</li> <li>• SBIRT – This item is a placeholder for appropriation authority for two grants that may come to the Division of Alcohol and Drug Abuse in FY 2010. Both grants would support implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based protocol that helps hospitals and emergency rooms effectively manage patients with substance abuse problems and reduce admissions.</li> </ul>	

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	<p>Department of Corrections Update– Mr. Stringer announced the decision was made to merge the current DOC contracts with existing ADA contracts. Debbie McBaine is currently working with DOC and providers to revamp the current service delivery system.</p>	
Workgroup Reports	<p><b>Prevention Workgroup</b> – Connie Berhorst provided the report:</p> <p>Budget:</p> <ul style="list-style-type: none"> <li>• Budgeting should be a consistent task for this workgroup;</li> <li>• Become proactive and prepared to actively participate in the process as a workgroup; and</li> <li>• Determine what ADA leadership and the SAC needs from this workgroup.</li> </ul> <p>Planning:</p> <ul style="list-style-type: none"> <li>• The need to have a long-term, strategic plan specifically for encompassing the recovery oriented system of care model;</li> <li>• Definition is needed for the many tiers/progression of prevention; i.e. primary, secondary, universal, selective, and interventions;</li> <li>• The need to define an ADA Prevention Center of Excellence, what is required;</li> <li>• The need to develop an ADA supported Public Relations Plan specifically for prevention that would include well defined goals and strategies tied into the long-term strategic plan; and</li> <li>• The need to better evaluate all of our prevention efforts; and in turn interpret the results into laymen terms to aid in our advocacy efforts; to include legislative body, federal grant, writers, and ADA leadership. Members discussed the expertise of Paul Evenson from Community Systems and what a great asset he would be to the process.</li> </ul> <p>Prevention Workgroup Role:</p> <ul style="list-style-type: none"> <li>• Provide better information to ADA Leadership and the SAC regarding prevention work: i.e., processes, collaborative partners, outcomes, needs, and barriers.</li> </ul> <p>Ms. Berhorst indicated that the prevention workgroup agreed a facilitated retreat would be of benefit to outline and develop a prevention plan. Also discussed was the possibility of reaching out to another state that is currently operating recovery oriented system of care to facilitate the retreat.</p> <p>It was further discussed to tap into other successful state agencies like MoDOT to see how that agency coordinates their statewide message through their infrastructure. What procedures they have in place to ensure that their messages are consistently distributed from the top down.</p> <p>Ms. Berhorst reminded everyone to visit the blog and make comments. The website is <a href="http://www.actmopreventionaction.blogspot.com">http://www.actmopreventionaction.blogspot.com</a>.</p>	

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	<p><b>Treatment Workgroup</b> – Clif Johnson provided the report:</p> <ul style="list-style-type: none"> <li>• There were no budget priorities discussed at this time.</li> <li>• ASI –MV Connect – The client will complete the form then meet with the counselor to review the report. This process should save QSAP time.</li> <li>• Co-Occurring – Scott Breedlove reviewed the list of trainings the board will accept next year to meet the co-occurring credential requirement of 140 hours of co-occurring specific training. The approved training list will be broadened to include skills that benefit counselors in dealing with co-occurring clients such as motivational interviewing.</li> <li>• Centers of Excellence – The Treatment team is continuing to work on a criteria list for Centers of Excellence that include all areas of the agency, not just the clinical. A partial final product will be available for review at the next meeting.</li> </ul>	
Old Business/ New Business	<p><b>SAC Membership</b> – Robin Hammond relayed the following policies developed by the nomination committee:</p> <ul style="list-style-type: none"> <li>• Termed Out Policy – Termed out members will be renewed in June of each calendar year for up to one year. A letter from the Division will be sent to this regard. If a suitable placement is found during that time, the termed out member will be replaced. If the termed out member is currently working on a project, reasonable consideration will be given to allow the termed out member time to complete said project and report to the SAC and Division Director.</li> <li>• 2<sup>nd</sup> Term eligible – Each member that successfully completes their first 3 year term is eligible to serve for a second three year term. Eligible members will indicate during the June meeting their willingness to serve an additional three year term. If the member is willing to serve, a letter from the Division will be sent specifying the dates of the second term</li> <li>• Absenteeism Policy – This policy was developed by the nominations committee to ensure meeting participation. Upon missing the second SAC meeting, a letter will be sent from the Council Chair and Co-Chair. A dismissal letter will be sent by the Division Director after missing the third SAC meeting.</li> </ul> <p>In order to alleviate the issue of too many vendors on the council, the nomination committee decided to follow the newly developed policy for termed members.</p> <p>ADA is in the process of creating a new member orientation manual along with developing a policy for which the nomination committee is to meet with new members prior to attending their first meeting.</p> <p><b>Workforce Development</b> – Charles Megerman began discussion regarding the issue of lack of</p>	Mr. Stringer asked

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	qualified counselors and trainees or adequate training programs. Mr. Stringer noted that this is a critical issue that needs to be addressed at the state and national level. Ms. Arrington-Madison was assigned to research what is happening with this issue on a national level and report back to the Council at the next meeting.	that Workforce Development be on the agenda for the October 1 meeting.
Report from the Missouri Substance Abuse Professional Credentialing Board	<p>Scott Breedlove provided an update from the Board:</p> <ul style="list-style-type: none"> <li>• 125 new CCJP Applications have been completed by the board and 75 CCJP Applications are currently in process.</li> <li>• The new Missouri Recovery Support Specialist credential will start in October 2008.</li> <li>• The board is looking at improving some of its processes by moving more things online.</li> </ul>	
MRN Update	<p>Clif Johnson and Brenda Schell reminded the council of the following upcoming activities:</p> <ul style="list-style-type: none"> <li>• Hands Across the Bridge – This event will take place on September 20, 2008, in St. Louis, Missouri at the Chain of Rocks Bridge. This gathering has been designated by Faces and Voices of Recovery, the national recovery advocacy organization, as the national hub event for Rally for Recovery 2008.</li> <li>• Recovery Voices Count – This 10 state project campaign was developed to assist the growing numbers of recovery community organizations and recovery advocates across the country to get involved in nonpartisan voting activities so their voices can be heard at the local, state, and national levels. MRN encourages everyone who is eligible to vote to register, and if already registered, to get out and vote on November 4th!</li> <li>• The Reality of Prescription Drug Abuse: Diversion, Addiction, and Treatment – This event will take place on Friday, September 12, 2008, at the Doubletree Hotel in Chesterfield, Missouri.</li> </ul> <p>Ms. Schell reported that Faces and Voices of Recovery developed a Recovery Bill of Rights. The document was created to let people know everyone has a right to access recovery. A copy of the Recovery Bill of Rights can be accessed on-line at <a href="http://www.morecovery.org/advocacy.asp">www.morecovery.org/advocacy.asp</a>.</p> <p>MRN has developed public service announcements that will be running across the state the month of September to promote hope, encouragement, engagement, and the means to celebrate recovery.</p>	
SAC Membership Update	<p>The membership update was given by Bianca Arrington-Madison. Due to expired terms, seats are available in all five regions. At this time, the Northwest, Eastern, Southeast, and Southwest regions each have one consumer seat open and there is one at-large consumer seat open.</p> <p>The nomination committee currently has two membership applications to review. One application for the Southwest region and the other is for the Central region. The nomination committee</p>	

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Transformation Update	<p>requested all members make an effort to recruit individuals for membership review.</p> <p>Jim Cook provided a brief definition of Transformation in regards to its workings in Mental Health. The Office of Transformation in the Missouri Department of Mental Health was established to address concerns regarding the state's mental health service delivery system. The state of Missouri was awarded a Mental Health Transformation Grant by the Substance Abuse and Mental Health Services Administration for five years, effective October 2006. The grant will help support building an infrastructure required for transformation, such as planning, workforce development, evidence-based practice implementation, and technology enhancements. The primary focus of the first year is the development of a Comprehensive State Mental Health Plan by the Transformation Leadership Workgroup (TWG).</p> <p>The TWG approved the Show Me Series which consists of the following three programs:</p> <ul style="list-style-type: none"> <li>• Mental Health First Aid – This is a 12 hour training designed to give members of the public key skills to help those who are experiencing a mental health crisis;</li> <li>• RESPECT Seminar – This is a two part seminar by Joel Slack. The first part focuses on unfolding respect as an acronym and uncovering the life of people with a mental disorder. The second part deals with the impact of mental disorders and the importance of respect as a foundation for a person's recovery.</li> <li>• Procovery – The primary focus of this program is teaching forward potential by taking people from where they are and moving forward to help them rebuild their lives.</li> </ul> <p>Five cross-departmental implementation work groups chartered by the TWG have begun their task to lead implementation of some of the Transformation priorities. The following work groups are charged with developing cross-departmental plan and policy recommendations to implement key strategies cited in Missouri's Comprehensive Plan for Mental Health:</p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Employment</li> <li>• Evidence Based Practice</li> <li>• Mental Health Promotion and Education</li> <li>• Mental Health and Aging</li> </ul>	
Adjournment	The meeting adjourned at 2:15 p.m. The next SAC meeting will be held Wednesday, October 1, 2008.	